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Bib Data Sheet

CONFIRMATION NO. 9029

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|--|---|-------------------------------|---|--------------------------------------|--------------------------------|
| SERIAL NUMBER 10/038,682 | FILING DATE 01/08/2002 RULE | CLASS 606 | GROUP ART UNIT 3732 | ATTORNEY DOCKET NO. 4077-2 | |
| APPLICANTS Said G. Osman, Frederick, MD; | | | | | |
| ** CONTINUING DATA ***** - NONE - | | | | | |
| ** FOREIGN APPLICATIONS ***** - NONE - | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 02/04/2002 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | | STATE OR COUNTRY MD | SHEETS DRAWING 4 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 2 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | | |
| Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i> | | | | | |
| ADDRESS NIXON & VANDERHYE P.C. 8th Floor 1100 North Glebe Road Arlington, VA 22201-4714 | | | | | |
| TITLE Uni-directional dynamic spinal fixation device | | | | | |
| FILING FEE RECEIVED 370 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |